



2014-2015 GYMNASTIC ENTRY FORM TUMBLE CLASSES

NAME _____ AGE _____ DATE OF BIRTH _____

PARENT'S NAME _____ (HOME) TELEPHONE _____ (WORK) _____ (CELL) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____ STUDENT CELL _____

TIME OUT OF SCHOOL _____ GRADE ENTERING _____ SCHOOL _____

YEARS OF GYMNASTIC _____

FEE PER MONTH _____ RECEIPT NO. _____

\$10.00 REGISTRATION FEE (DUE WITH FORM) _____ RECEIPT NO. _____

Monthly Fee - \$40.00

First Class – Tuesday, August 19

August Fee - \$20.00

\$10.00 One Time Additional Sign-Up Fee

CHECK PAYABLE TO: McCOMB RECREATION DEPT.

CAN YOU RECEIVE/SEND TEXT MESSAGES? _____

CAN THE STUDENT RECEIVE/SEND TEXT MESSAGES? _____

STUDENT CELL _____

OVER

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR GUARDIAN
PARENT

OF THE MINOR CHILD _____ WHOSE BIRTHDAY IS
CHILD

_____. BY VIRTUE OF AND IN THE CITY OF McCOMB
BIRTH DATE

AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO WIT:

GYMNASTICS

I DO HEREBY, ON BEHALF OF MY MINOR CHILD, RELEASE SAID CITY AND DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL ACITIVITIES. I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

I ALSO AGREE TO ALLOW SAID CHILD TO BE INCLUDED IN PHOTOGRAPHY/VIDEOGRAPHY FOR THE PROMOTION AND/OR PUBLICITY FOR THE McCOMB RECREATION DEPARTMENT/CITY OF McCOMB.

SIGNED _____ DATE _____